



**SERVICE ACCESS TO INDEPENDENT LIVING &
ALCOHOL AND OTHER DRUG ADDICTION UNITS**

of the
BEHAVIORAL HEALTH DIVISION OF MILWAUKEE COUNTY

Incentive Confirmation Form

I.D#: _____

Name: _____

By signing this document, I hereby confirm receipt of the incentive in the form of a gift card worth \$20.00, for participating in the Wiser Choice Health Study 6 month interview. I also understand that if this gift card is lost or stolen, it **will not** be replaced.

Signature

Date

RSC/CMASS Signature

Agency

For Office Use Only:

Card Type: _____

Card#: _____

Authorized Personnel Initials: _____